future he employ more refined comparisons, and not deal so liberally in the use of expletives—for the bitterer the pill, the more need is there of the saccharine coating, if we would induce those, for whose benefit it is intended, to swallow it.

MEDICUS.

CASE OF FRACTURED CRANIUM.

[Read at a Quarterly Meeting of the Rhode Island Medical Society, and communicated for this Journal by order of the Committee on Publications.]

ON the 13th of April last, my father and myself were called to see my brother Richard, thrown from a horse four miles from home. On our arrival, we found him very much collapsed, and having a wound on the right side of the head of great extent and frightful appearance. The scalp was lacerated just posteriorly to the temporal fossa, to about the extent of a half dollar; and about two inches posterior to this, a smaller laceration existed. In the anterior of the two wounds the skull was fractured and driven in upon the substance of the brain, so that three fingers might be passed directly down into the brain, an inch or more, without resistance. There was a fissure extending posteriorly from the principal wound, in a line with the smaller one, with very considerable depression on the inferior side, which I immediately replaced with my forceps without any resistance; showing, as I think, that the inferior margin of the parietal bones, between the line of fissure and the squamous suture, was detached and depressed. There was a considerable quantity of brain about the wound, as well as upon the stones where he fell; in fact, the quantity of cerebral matter lost could not (in the whole progress of the case) have been less than an ounce.

Upon inquiry, we gathered the following history. At near 8 o'clock in the morning he separated from his brother to go north by a rather secluded road, and within fifteen or twenty minutes of that time his horse was seen returning, but his brother having been seen in his company, it was supposed he had taken him into the carriage, and the people in the neighborhood gave themselves no uneasiness about it; so that he was not found until the expiration of three or four hours. The wind was northeast; and although, fortunately, it did not rain, the weather was of the peculiarly penetrating and unpleasant description which characterizes our spring. It is not to be wondered at, therefore (when considered in connection with the extensive loss of blood which must have occurred), that the system was in the lowest state of depression. There was considerable paralysis of the left side, which was very evident upon his attempting to answer questions, which he could do quite pertinently when aroused, although there was considerable stupor, and he was aroused with great effort.

Upon examining him, our prognosis was, of course, a fatal one; but, not to neglect any proper measures, we immediately sent for our friend, Dr. T. C. Dunn, to whose skill and kindness in the future conduct of the case we wish to express our deep obligations.

Upon his arrival, he proceeded to operate in the following manner:—

Introducing a director into the anterior wound, it was passed back under the integuments and superior attachment of the temporal muscle to the posterior wound; then passing a bistoury along the groove of the director, the two wounds were converted into one. The pieces of bone were then (five in number, and about the size of a dollar when placed in co-aptation) taken out with forceps, and the wound covered with a piece of lint wet with cold water, which, with a compress, also wet with cold water and changed once in ten or fifteen minutes, was the dressing used from that time.

In the course of the afternoon of the second day, the re-action became quite violent, and there were some convulsive movements, particularly of the face, so that it was considered necessary to abstract some blood, and he was accordingly bled pretty freely from the arm, notwithstanding the large amount already lost, and notwithstanding, also, that considerable quantities continued to exude from the wound. His diet was the most rigid possible; and although he soon became ravenously hungry, he was not allowed to take anything but bread-water for about three weeks. In fact, the first relaxation occurred when the granulations assumed the flaccid and pallid appearance which indicates superabundant serosity of the blood, and then he was allowed one molasses cookie per day.

On the second morning after the accident, the symptoms became very unfavorable, the convulsive movements set in with renewed force, and the stupor increased; but upon removing the dressings, a quantity of bloody serum and disorganized cerebral matter was removed, and instantaneous relief was manifested; and from that time there was a gradual though very slow improvement in the constitutional symptoms, the most serious feature being the remarkable diminution in the rapidity of the pulse, which is almost pathognomonic of serious injuries of the brain, and the removal of which was as gradual as the other evidences of restoration.

After the first few days, a hernia cereбрalis occurred, which was treated by pressure made by strips of adhesive plaster drawn over little plates of sheet lead, and which finally disappeared after about four weeks. At the end of the fifth week, he was removed home, without difficulty, and no unfavorable symptom afterwards occurred to interrupt the cure, which, at the end of the twelfth week, was in all respects perfect, neither his physical nor mental condition being at all impaired.

I should have mentioned, in passing, that the use of the catheter was necessary for about three weeks, as also a little encouragement to the action of the bowels. I should also express our sense of the attention and kindness of our professional brethren, more particularly of Dr. O. C. Turner.

HENRY E. TURNER.

September, 1850.